

National Outcomes Performance Assessment for the Chronic Homelessness Initiative
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Chronic Homelessness Initiative

On January 27, 2003, a notice of funding availability (NOFA) was published in the Federal Register for the Collaborative Initiative to Help End Chronic Homelessness (referred to subsequently as the Chronic Homeless Initiative). The Initiative, coordinated by the U.S. Interagency Council on the Homeless, involves the participation of three Council members: The Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (VA). The \$35 million initiative supports the Administration's goal to end chronic homelessness by seeking to implement a collaborative and comprehensive approach to addressing the problems of homelessness among our most vulnerable citizens.

This collaboration will offer housing and treatment funding, that along with existing service resources, is intended to assist persons who are chronically homeless move from the streets and emergency shelters into stable housing and receive the range of services and other support needed to promote and maintain greater self-sufficiency.

Purpose of National Outcome Performance Assessment

A national outcomes performance assessment will monitor the implementation and effectiveness of the Initiative. Since \$35 million of federal agency funds represents a considerable public investment in local efforts to help end chronic homelessness, a national assessment of client outcomes is needed to assure a high level of accountability and identify which models work best for which people, using the same methods for all sites.

The VA Northeast Program Evaluation Center (NEPEC) is responsible for conducting the national outcomes performance assessment. NEPEC is based at the VA Connecticut Healthcare System in West Haven, CT. Directed by Robert Rosenheck, MD, Professor of Public Health and Psychiatry in the School of Medicine at Yale University, NEPEC has extensive experience evaluating outcomes of homeless people. NEPEC will be supported in this undertaking by resources from VA, HHS, and HUD.

Objective

The goal of the national outcomes performance assessment is to provide a site-by-site description of program implementation, as well as descriptive information on clients served; services received; housing quality, stability, and satisfaction; and, client outcomes in health and functional domains.

Data Collection and Measures

A series of measures will be used to assess 1) program implementation (e.g., number and types of housing units produced and intensity and types of treatment and supportive services provided), 2) client descriptive information (e.g., demographic and clinical characteristics, and housing and treatment services received) and, 3) client outcomes.

Client outcomes will be measured using a series of structured instruments administered by evaluation personnel employed and funded by the local VA medical center or outpatient clinic

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involved at each Initiative site who will work closely with central NEPEC staff. Assessments will be conducted through face-to-face interviews and, when needed, telephone interviews. Interviews will be conducted at baseline, defined as the date of engagement leading to placement into permanent housing, and quarterly (every three months) thereafter for up to two years. If a project site is *not* located near a VA medical center or outpatient clinic, or if no VA facility is involved in the proposed Initiative, NEPEC will make a joint effort with the lead agency at the site to establish an alternative arrangement for data collection and Institutional Review Board (IRB) approval of informed consent procedures (see below). Funding awards at these sites may be made conditional on making such alternative arrangements.

Discharge data will be collected from program staff at the time of official discharge from the program, or when the client has not had any clinical contact from members of the program staff for at least 6 months.

At most Initiative sites, it is expected that many more people will be screened and/ or evaluated for participation in the program than receive the full range of core housing and treatment services. We have conceptualized entry into the Initiative as a two-phase process involving an Outreach/Screening/Assessment Phase (Phase I), and an Active Housing Placement/Treatment Phase (Phase II) which is expected to lead to exit from homelessness. In some programs these two phases may be described as the Outreach and Case Management Phases. It will be important to have at least some minimal information on all clients so as to be able to compare those who enter Housing/Treatment with those who do not.

Client-level data at the time of first contact with the program (i.e., before the client receives more intensive treatment or housing services) will be collected using a first contact form. The first contact form will be completed by the Evaluation assistant or member of the clinical staff when prospective clients are first told about the program, and express interest in participating in the program (i.e. when they enter Phase I). The purpose of this form is to identify the sampling frame of the evaluation at each site, or the pool of potential clients from which clients are then selected.

Program implementation will be measured using a series of progress summaries the format of which has yet to be developed.

Evaluation Personnel

Through an interagency agreement between HUD, HHS, and the VA, one (1) full-time evaluation assistant will be hired by the local VA medical center or clinic participating in the initiative.

Working closely with both the VA and the lead agency for the Initiative the evaluation assistant will be responsible for the following duties: 1) recruiting clients into the evaluation protocol, 2) obtaining informed consent, 3) conducting baseline and follow-up client outcome interviews, 4) gathering data on program process (including inter-organizational relations) and 5) transmitting evaluation data to NEPEC.

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It is expected that the evaluation will be reviewed and approved by the institutional review board (IRB) at each VA medical center, and where necessary, at the affiliated university. These activities will be the responsibility of VA staff but may require collaboration and assistance from lead agency personnel or other persons involved in the Initiative.

Target Population

This Initiative targets persons experiencing chronic homelessness, including veterans. A chronically homeless person is defined as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.”

Two key terms in the above description of the target population are “homeless” and “disabling condition”. For the purpose of this initiative, “homeless” means “a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter.” And “disabling condition” is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” A disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

Initiative sites will be responsible for screening potential clients, assessing homeless and disabling condition eligibility criteria for the program, and documenting eligibility as part of the national performance assessment.

Portal of Entry

Each site will be asked to identify a limited number of portals of entry into the program in a relatively small geographic area(s) so that the evaluator can practically and systematically contact clients about participating in the evaluation. VA evaluation staff, clinical program staff, and NEPEC will work together to establish systematic procedures for assessing eligibility, enrolling clients into the Housing/Treatment Activity of the Initiative, obtaining written informed consent to participate in the national performance assessment, and other evaluation activities.

Can the National Evaluation Be Used to Meet Evaluation Requirements Listed in the NOFA?

Data from the national evaluation will be periodically made available to the sites, consistent with the restrictions required by informed consent procedures. It is our hope that the data will be useful in addressing reporting requirements presented in the NOFA, and that they will reduce the burden of data collection for project sites.